



State of Indiana
Department of Financial Institutions
402 West Washington Street Rm W066
Indianapolis, Indiana 46204-2759

DATE RECEIVED _____	
INVOICE # _____	CHECK # _____
AMT. PAID _____	BAL. DUE _____

INDIANA RENTAL PURCHASE AGREEMENT ACT IC 24-7

ANNUAL NOTIFICATION RETURN - RPAA FORM 2

State Form 27007(R5/7-01) Approved by State Board of Accounts 2001

DUE BEFORE FEBRUARY 1

Department I.D. No. _____

Business Name _____

Address _____

City, State, and Zip, _____

County _____

Telephone # _____

Fax # _____

TOTAL INDIANA OPERATING BRANCHES _____

The annual fee is \$100.00 for each Indiana place of business operated by the lessor on December 31 of the preceding year. The fee is applicable only to those locations which transact Rental Purchase Agreements.

FEE DUE \$ _____

If out-of-state filer, report the name and address of the designated agent upon whom service of process may be made in Indiana:

Name and address of designated agent

Statements are true and correct to the best of my knowledge.

Name President, Partner, or Owner (typed or printed)

Signature President, Partner, or Owner

Date Signed

INDIANA RENTAL PURCHASE AGREEMENT ACT
ANNUAL NOTIFICATION RETURN INSTRUCTIONS

The Indiana Rental Purchase Agreement Act, IC 24-7 requires all registered lessors with the Department of Financial Institutions to file an Annual Notification Return - RPAA Form 2 before February 1 in each subsequent year that the lessor solicits or enters into Rental Purchase Agreements subject to the Rental Purchase Agreement Act.

1. The annual fee is \$100.00 for each Indiana place of business operated by the lessor on December 31 of the preceding year. The fee is applicable only to those locations which transact Rental Purchase Agreements.
2. Make check payable to the **INDIANA DEPARTMENT OF FINANCIAL INSTITUTIONS** and return with completed form.
3. A late payment penalty of \$5.00 per day *may* be assessed for returns mailed after January 31.
4. For your record retention and the Department's examination review, make a copy of this form and keep in your files. A copy of this form and your cancelled check will serve as your receipt.
5. If you have changed your name, address, or telephone number, indicate any changes on the form.

Non-Depository Division
Department of Financial Institutions
402 West Washington Street, Room w-066
Indianapolis, IN 46204-2759
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